North Dakota Medicare Rural Hospital Flexibility Program (Flex)
2006-2007 Progress Report

Program: ND Medicare Rural Hospital Flexibility Program (Flex)

Reporting Period: September 1, 2006 to August 31, 2007

Funding: $628,000

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Barb Groutt, ND Healthcare Review, Inc.

Number of ND CAHs: 32 (one conversion in grant cycle)

ND Flex Program Objectives (2006-2007):

1: Provide direct support to CAHs, rural non-CAHs, and their networks to sustain their viability & contribution to healthcare.

2: Develop/support rural based health systems through network enhancement, development & sustainability activities.

3: Strengthen EMS Services through grant development, network and research activities.

4: Support & enhance quality improvement (QI) initiatives for rural hospitals & their networks.

5: Support the Improvement of ND Critical Access Hospitals' financial status.

6: Improve Rural Health Workforce

7: Improve Rural Health Information Technology (HIT).

8: Continue to develop the ND Flex Program Evaluation Component.

Flex Program Progress Report (2006-2007) **Flex Program Partner Acronyms:** **CRH = Center for Rural Health NDDoH = Department of Health** **NDHA = Hospital Association QIO = ND Healthcare Review Inc.**					
Activities	**CRH**	**NDDoH**	**NDHA**	**QIO**	**ND Hospitals Impact**
1. Coordinate educational opportunities for small rural hospitals and partners	**X** **X** **X** **X**		 **X** **X**		-workshops featured: performance improvement, health information technology, quality improvement -2 CAH administrators attended national Flex meeting **(Stanley and Bowman)** -6 CAH staff attended national quality improvement meeting (**Park River, Garrison, Mayville, Bowman, Lisbon, Hettinger)** -2 CAH staff attended national HIT meeting **(Rolla and Northwood)** -coordinated workshops with focus on chargemaster review, and Medicare reporting. -3 CAH administrators attended national AHA meeting **(Rolla, Stanley, Ashley)**
2. Promote visibility of CAH contribution to healthcare.	**X** **X** **X** **X** **X** **X**				- Making a Difference Award **(Ashley)** - *Modern Health* featured ND CAH **(Wishek)** related to workforce issues around national guard deployment. - Communication toolkit developed & uploaded to ND Flex webpage (total web visits over this grant reporting cycle was 11,554); information disseminated to **all hospitals** and presented on at annual rural health conference (**40 attended**). - Flex webpages were updated. - Making a Difference award made to CAH network **(Bowman)** and nominated for national award (which was unsuccessful). - Rural Hospital Fact Sheet created and disseminated.
3. Provide technical assistance	**X** **X** **X** **X** **X**				- Technical assistance provided to **21 CAHs**. - One community needs assessment completed **(Linton),** 1 internal personnel audit **(Watford City),** 2 community meetings facilitated **(Oakes, Lisbon),** 4 hospitals implementing the Balanced Scorecard **(Hazen, Bowman, Mayville, Northwood)**, 9 CAHs assisted with grant application to USDA **(Rolla, Bottineau, Stanley, Cando, Watford City, Tioga, Crosby, Harvey, Rugby),** 5 board meetings/trainings facilitated **(Watford City, Hazen, Bowman, Mayville, Northwood)**, 1 strategic plan developed for CAH **(Bowman),** development of 1 specialized community survey **(Mayville)** and 1 community forum facilitated **(Richardton).** - Community needs and healthcare assessment was updated and uploaded to webpage (a standardized assessment tool for small hospitals). - Developed and disseminated 25 *Flex Updates* through statewide listserv (includes board of directors, tertiary facilities, all rural hospitals)

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5. Support/promote networking activities	X				- 4 CAHs **(Rolla, Bottineau, Mayville, Lisbon)** presented on unique models to colleagues at annual Rural Health Conference with reference to quality improvement network, and health information technology network.
	X				- 3 CAHs **(McVille, Garrison, Park River)** sent to 3 national conferences which fostered network activities upon their return (i.e. 8 CAHs wrote HRSA Network grant related to quality improvement after returning from Flex sponsored meeting (HRSA grant was unsuccessful).
	X				- 4 hospitals participating in Balanced Scorecard working on network opportunities to share information (**Hazen, Bowman, Mayville, Northwood)**.
	X				- Flex outreach to tertiary facilities has resulted in increased network activity; 2 tertiary facilities have assigned individuals as rural liaisons to CAH network partners (**St. Alexius and Altru**). Flex continues to work with these networks.
	X	X	X	X	- Flex program coordinated new CEO orientation with 5 CEOs (**Elgin, Cando, Tioga, Watford City, Hillsboro)** meeting with Steering Committee. - Statewide quality improvement network began through Flex coordination and in response to Flex QI survey.
	X				- Three subgrants funded to support CAH/school networks **(Langdon, Park River, Northwood)** which has fostered increased awareness of local services and health occupations for children and community members.
	X	X			- Flex program wrote and received HRSA grant for technical assistance related to collaboration between CAHs and Community Health Centers (CHC aka FQHCs); 75% of ND's CHCs and 35% of ND's CAHs participated in day's training and information exchange.
			X		- Monthly CAH calls with about 16 participating each time; meetings have focused on legal counsel, third party contracts, conditions of participation, financial issues, and pharmacy requirements.
			X		- All ND CAHs are connected via T1 lines and this video conferencing capacity has improved network activities.
		X			- Worked with 3 communities to promote the development of CHC and the networking of the CHCs with CAHs

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7. Foster increased statewide networking; build relationships with State EMS Division & EMS Association, including other stakeholders.	**X** **X** **X**	**X** **X**			- Director of the Division of EMS (health department) joined Flex Steering Committee. - Meeting held with Flex Committee, director of EMS association and President of EMS association to discuss collaborative opportunities. EMS Association available to advise Flex and work together on future initiatives. - Flex and SORH presented at EMS Annual conference on grant writing (30 attended). - Flex coordinator and EMS Director attended national EMS meeting to learn of collaborative opportunities which will be worked into Y9 Flex Work Plan.
8. Make use of comparative quality improvement data regarding CAH/non-CAHs.	 **X**	**X** **X**	 **X**	**X** **X**	- Flex Committee members were to write a report using comparative data and demonstrate CAH quality measures; hope was to depict little to no disparity between CAH and PPS hospitals. However, the disparities are viewed as significant and so instead of highlighting this, the group chose to work with all of ND's rural hospitals and develop a quality improvement network and work on specific initiatives that decrease the disparities. - Two statewide meetings held with CAHs (26 of 31 participated); comparative data shared and plans formulated. Additional statewide meeting held with 25 of 31 CAHs participating, 80 people attended including reps from tertiary facilities and other stakeholders. Plan in place to develop statewide CAH QI network coordinated through Flex Program. Summary report of plan available.
9. Leverage resources to assist CAHs w/ quality improvement/patient safety initiatives.	**X**		 **X**	 **X** **X**	- 9 CAHs and 1 rural non-CAH **(Hettinger, Bowman, Rugby, Watford City, Mayville, Rolla, Park River, Harvey, McVille)** recruited to participate in AHRQ Patient Safety Project by Flex Director; each hospital is working towards improving/creating culture of safety w/specific focus on decreasing medication errors. Each has completed AHRQ Patient Safety Surveys and have their results. - Patient Safety coordinators presented at CAH conference on process mapping/quality improvement **(18 CAHs** – 50 people) attended; training on root cause analysis at QIO annual conference coordinated (**13 CAHs** – 25 people attended). - SHIP funded 8 rural hospitals (**7 CAHs**) to participate in web based training offered through ISMP with focus on medication error elimination and patient safety models; CEUs offered to nursing. - Hospital Association working with APEC group which is exploring ways for all hospitals to work collectively regarding infection control. - QIO is working with **7 CAHs** on strategies for improving performance on quality measures. - QIO and hospital association coordinate Peer Review Program; 33 hospitals (**23 CAHs**) currently participate.

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11. Foster adoption of performance management tools by CAHs.	**X**				- Statewide workshop held on the Balanced Scorecard (40 attended from **11 CAHs**) - 2 CAH CEOs (**Stanley, Bowman)** attended Balanced Scorecard workshop at national Flex meeting. - Contract established with the Technical Assistance and Service Center (TASC) to build capacity of state Flex program to work with CAHs to implement the Balanced Scorecard (performance management model). Flex Director attended 2 day training through TASC. - 4 CAHs applied to implement the Balanced Scorecard and will have completed this process and be implementing their strategies by the end of this grant cycle. Has included 3 site visits to each CAH and additional technical assistance over the phone. Evaluation plan in place which will be completed by the end of the grant cycle.
12. Statewide performance indicator initiative.			**X**		- The hospital association has initiated this project and has chosen to start with PPS hospitals. Flex Committee has moved forward with development of statewide CAH Quality Network
13. Explore linkage of economic dev. w/ Flex	**X**				- Meetings held with ND Economic Development Association to discuss/explore the linkage between rural economic development and health care. These contacts have been added to listservs and economic development invited to statewide healthcare workforce summit held. - Offers have been made to present at local meetings with economic development offices. - Meeting held with Rural Development Council to discuss/explore the linkage between rural economic and community development and health care. Flex Steering Committee member invited and attended four state meetings on Strengthening Rural Families. This group was also invited to healthcare workforce summit. - The working assumption developing for collaboration between the economic development organizations and rural hospitals (Flex) is healthcare workforce supply and demand. It is seen as a “jobs issue” by both. - Flex is meeting with small group from the ND Department of Commerce and is exploring partnerships and potential collaborative efforts.

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15. Work with CAHs & payers regarding negative margins			**X** **X**		- Flex Monitoring Team reports (individual CAH financial analysis) have been reviewed by Flex Steering Committee; hospital association conducting further analysis and outreach to individual CAHs with technical assistance. Most CAHs have obtained their individual reports and others are being encouraged through Flex Program. - Flex has supported consultant analysis of Flex Monitoring Team reports; Stroudwater Assoc. worked with **10 CAHs as a group and individually** and presented information to stakeholders such as 3rd party payer along with CAH administrators from 5 hospitals that represent the larger CAH group.
16. Info dissemination & CAHs assessed as practice sites- all CAHs will be assessed as practice sites.		**X**			- **All CAHs** were surveyed on a quarterly basis which allows for potential health care professionals and hospitals to be aware of vacancies and potential sites for employment. In the past year, three National Health Service Corps Nurse Practitioners were placed in three CAH sites and one physician in another CAH. Through the state loan repayment programs one physician was placed at a CAH site and through the J-1 Visa Waiver one physician was placed at a CAH site. Total impact: **5 CAHs**
17. Enhance health occupations project	**X** **X** **X**		 **X**		- **4 CAH/school networks** were funded in previous grant cycle and hospitals presented at annual rural health conference to colleagues; schools also participated. Focus on increasing collaboration between health care and education, increasing awareness of health occupations for children and fostering network relationships at the local level. Highly successful projects occurred **(Bottineau, Bowman, Harvey, Ashley)** - Flex met with Career and Technical Education Division of the ND Health Department to share information and collaborate on workforce initiative (Kellogg grant written to fund youth workforce pipeline project for rural health facilities). - Meeting held following annual Flex meeting with interested administrators and workforce liaison with the Primary Care Office to discuss health careers models used by other states **(Stanley)**. - Continues to work with rural hospitals to bring nursing education classes to their facilities via video conference.

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19. Support technology through Flex & other grants.	**X**	**X**	**X**	**X**	- Two Flex grants funded for HIT initiatives (**Stanley and North Region Health Alliance).**
	X	**X**	**X**	**X**	- USDA application for electronic medical records (EMR) network written involving **10 CAHs in ND** – application pending.
				X	- working with 6 rural hospitals to support the implementation of health IT strategies, including computerized physician order entry (CPOE) and bar-coding, 3 rural physician practices on implementing electronic health records, and a handful of home health agencies on implementing telemonitoring.
20. Feature HIT at annual conference	**X**				- The ND Annual Rural Health Conference was held and Flex sponsored its annual CAH pre-conference. Focus area: HIT related topic, specifically relevant to rural settings, being sensitive to financial constraints, and highlighting network opportunities to address HIT needs. Expert consultant presented; 50 attended from **20 CAHs**. Session was highly regarded and information has been used by CAHs in their planning processes to further develop HIT systems.
21. Sponsor ND HIT Specialist (from CAH) to attend national training.	**X**				- CAH HIT specialist **(Northwood)** sent to national meeting in Kansas (through Flex) along with a CAH CEO **(Rolla)** (sponsored through SORH). Information was shared with interested CAHs over video conference meeting. CAH specialist is now being considered for CIO position with HIT network involving 21 CAHs (11 in ND and 10 in MN).
22. Assist with the exploration of forming a ND Rural Health Information Organization (RHIO).	**X**	**X**	**X**	**X**	- Statewide HIT summit was held (sponsored by Senator Conrad); Center for Rural Health has coordinated follow up activities. HIT Steering Committee has been developed and includes **2 members of the Flex Steering Committee (NDHA and QIO).** HIT Steering Committee introduced bill to state legislator requesting funding and recognition of statewide efforts; the Committee has been officially approved by the Governor with no appropriations.
23. Develop, implement & evaluate 2006-2008 Work Plan for partners.	**X**	**X**	**X**	**X**	- Flex Program Work Plan has been completed and used as a tool by the Flex Steering Committee to communicate and track its activities. Flex Steering Committee meets at least every other month and reviews its Work Plan.

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25. Conduct sub-grant evaluation.	**X**				- **All CAH subgrantees** are required to complete an Outcome Report following completion of their respective scopes of work (from subgrant activities). This information was collected and aggregated into a report. Overall, subgrant activities have been completed with successful outcomes. Feedback indicates satisfaction and significant appreciation of the ND Flex Program.
26. Evaluations of technical assistance provided.	**X**		**X**		- Technical assistance provided by the Flex program is evaluated with post-workshop surveys and 6 month follow up to community needs assessments, internal personnel audits and strategic planning sessions. ND hospitals have used this service to further their planning processes including using the information for grant applications, make staffing changes and identifying goals for the future.
27. Administer CAH sub-grant program.	**X** **X**	**X**	**X**	**X**	A total of 27 applications were received from CAHs. **26 grants** totaling $325,692 were awarded to the following CAHs (note: some CAHs received more than one Flex grant): **Ashley, Langdon, Cooperstown, Park River, Garrison, Linton, Watford City, Valley City, Stanley, Oakes, Rolla, Richardton, Harvey, Bottineau, Bowman, Wishek.** - **Outcome from previous year's grants:** 8 Network awards - Diabetes Prevention Program developed; 8 SBAR communication sites, 5 rapid response sites and 6 medication reconciliation sites. Board members received information on how to manage issues regarding rural healthcare; community equipment was purchased; network server systems were integrated; health related programs were administered; site visits to eleven facilities were conducted; strategic planning and quality improvements were made. On average, 5 communities per grant were impacted and the approximate number of people impacted ranged from 300-80,000. - **Outcome** from 11 EMS awards: Training for new and existing EMS staff on equipment and education. On average, 4 communities per grant were impacted and the approximate number of people impacted ranged from 40-5500. - The Flex program **to date** has supported 38 Network Enhancement and 43 EMS Network initiatives involving 130 different partner organizations in 50 counties (94% of ND). - Press releases were completed for all awards and all communities used the information in their local press.